REGISTRATION FORM



CPESC REVIEW CLASS & EXAM

Review Class: June 8, 2007 8:30 a.m. – 4:30 p.m.

First Name: _____

Test: June 9, 2007 8:30 a.m. – 12:30 p.m.

Holiday Inn Express

1250 West Valley Parkway Escondido, CA 92029 Phone: 760-741-7117 Fax: 760-839-1601

2. Registrant Information

1. Registration Fees
☐ June 8-9, 2007 Review Class and/or Test: \$250.00
☐ June 9, 2007 Test only: \$50.00 (non-refundable)

Last Name:

Company/Agency/Affiliation:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
3. Please indicate method of payment:		
Check (Please make checks payable to Waves Environmental)	
Please charge: ☐ Visa ☐ Mastercard ☐ AmEx	☐ Discover	
Account Number:		
Expiration Date:		
Cardholder Name:		
Signature:		
Address:		
City:	State:	Zip:

Please Note: To avoid delays in registration, please submit one completed registration form per person. If you are paying by check please mail the registration form with payment. Your registration will be confirmed if received by May 25, 2007.

Cancellation Policy: Cancellations before May 25, 2007, will be subject to a processing fee of 35%. After May 25, 2007, registration fees will not be refunded, but may be applied to another individual's registration fees. Waves Environmental must be notified in writing prior to May 25, 2007, of any transferred registration. A completed form with the new attendee's information must accompany the notification.